**MARYLAND** 1/1/99

### **OPTIONAL STATE SUPPLEMENTATION**

STATUTORY BASIS FOR PAYMENT Annotated Code of Maryland, Article 88A, Section 3(a), 5, effective January 1, 1974 and Code Of Maryland Annotated Regulations,

.07.03.07.

**EFFECTIVE DATE** July 1, 1974.

**ADMINISTRATION** 1 Department of Human Resources, Family Investment

Administration, and in some instances, Department of Health and

Mental Hygiene, Mental Hygiene Administration.

**PASSALONG** In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE

Optional State supplement provided to aged, blind, and disabled individuals living in a Care home or in a Dom Care facility who are eligible for payments under the SSI program or who would be eligible except for income. Blind and disabled children are not

eligible for optional supplementation.

RECOVERIES, LIENS, AND ASSIGNMENTS None.

RELATIVE

**RESPONSIBILITY** 

Husband for wife.

INCOME

**DISREGARDS** 

Disregards \$20 of any unearned income including SSI.

RESOURCE LIMITATIONS Federal SSI resource limitations apply.

PLACE OF

**APPLICATION** 

Local county social services agencies.

**FUNDING** 

Assistance: State funds. Administration: State funds.

INTERIM ASSISTANCE State participates.

<sup>&</sup>lt;sup>1</sup> Mandatory minimum supplementation is administered by the Social Security Administration.

#### **PAYMENT LEVELS** 2

	Combined F	Combined Federal/State		State supplementation	
<u>Code</u> <u>Living arrangements</u>	<u>Individual</u>	Couple 3	<u>Individual</u>	Couple 3	
Care Home:					
I. Minimal supervision	\$566.00		\$66.00		
II. Moderate supervision	4 675.00		175.00		
III. Extensive supervision	963.00		463.00		
IV. Specialized and intens supervision	ive 1,166.00		666.00		
DomCare <sup>4</sup>	684.00		184.00		

# **STATE ASSISTANCE FOR SPECIAL NEEDS**

State does not provide assistance for special needs.

## **MEDICAID**

### **ELIGIBILITY:**

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

MEDICALLY NEEDY

**PROGRAM** 

Program for the aged, blind, and disabled medically needy.

UNPAID MEDICAL EXPENSES

 $The \ Social \ Security \ Administration \ obtains \ this \ information.$ 

<sup>&</sup>lt;sup>2</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

<sup>&</sup>lt;sup>3</sup> The State supplementation rate for individuals applies to each member of a couple.

<sup>&</sup>lt;sup>4</sup> Includes an \$82.00 personal needs allowance.